

Health Facility and Services Data (HFSD)

Coordinator:

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State Website: <http://www.chfs.ky.gov/agencies/ohda/Pages/hfsd.aspx>

National Website: <http://www.hcup-us.ahrq.gov/>

Why is it used?

- Inpatient hospitalization and outpatient services data is submitted annually to the Agency for Healthcare Research and Quality's (AHRQ) Healthcare Cost and Utilization Project (HCUP) for inclusion in the National Inpatient Sample and the National Emergency Department Sample.
- A subset of the hospitalization database plays a critical role in populating the Kentucky Birth Surveillance Registry.
- Data is used in preparing grant requests and status reports for KDPH programs in asthma, cardiovascular disease, diabetes and maternal and child health.
- Hospitalization data provide information for evaluating the health improvements of Kentuckians.
- Summaries of hospitalization data are key in developing and implementing Kentucky health care policies and decisions at the state level.
- Data is frequently requested by public health researchers, educators and consultants for a variety of individual projects.

What data is collected?

- Demographic data including gender, age group, state, county, race/ethnicity and zip code of residence. Personal identifying information is not included.
- Hospitalization fields including admission type and source, unique facility identifier, length of stay, diagnoses codes, procedure codes, discharge status and total charges.
- Grouping codes including Major Diagnostic Category and Medicare Severity - Diagnosis Related Group (MS-DRG).
- Procedure information for outpatient visitors via ICD and CPT codes.

How is data collected?

- Data is collected under the requirements set forth in [KRS 216.2920 - 216.2929](#) as the basis for regular reporting of cost, quality and outcome measures relative to hospital inpatient events and outpatient services utilization.
- Inpatient records describe a single inpatient stay in a Kentucky hospital.



- Outpatient records describe a single utilization of a service received at an ambulatory facility such as an ambulatory surgery or care center, a specialized medical technology services provider or a mobile health services provider, as specified for the dates below:
 - 2000 to 2007- an encounter where at least one of a list of CPT codes specified was performed.
 - 2008 to the present- the above with the addition of emergency department encounters.
 - 2015 to the present- all encounters for all specified ambulatory facilities and emergency departments, and not just the previous specified list of procedures.
 - 2019 to the present- HB 444 updated [KRS 216.2927](#) to allow the Office of Data Analytics (ODA) to collect the necessary identifying information to assign a unique patient ID to each discharge.

Data Strengths:

- Allows detailed demographic, diagnostic and outcome analysis for public health reporting and research.
- Valuable in preparing documents such as chronic disease burden reports, grant proposals and justifications, resource utilization reports and ad-hoc studies about the health status of Kentucky citizens.
- The spatial components of this data can be used to illustrate regional hospitalization patterns and trends related to conditions and to show regional variation in hospital coverage and services.
- HFSD is included in the National Inpatient Sample, combined from hospitals in more than 45 states covering inpatient events in over 90% of U.S. hospitals.

Data Limitations:

- The records comprising these data files are constructed from claims submitted to the Kentucky Inpatient / Outpatient Data Collection System by hospitals and ambulatory facilities.
- The inpatient files contain all inpatient discharges from a given calendar year and must be used with caution in epidemiological analysis.
- Individual records represent single admit-through-discharge events.
 - Multiple admissions of an individual patient could not be definitively identified before 2019, so this data should not be used to directly measure the prevalence of a condition.
- State owned mental health facilities do not currently submit data.
- Charge amounts are the original amounts charged by the facility and do not reflect negotiated discounts for health insurance providers or the actual amount paid.
- The data cannot be linked with any other set at the line level.

How is the system evaluated?

- Data is verified as submitted, undergoing checks for presence and completeness of required fields, validity of submitted items, duplicate record checks and timeliness.
- Records with errors or omissions are returned to submitting hospitals and ambulatory facilities for correction and resubmission.

Data Set Availability:

- Data from 2000 to the present is available to the public only in calendar year data sets.
- Translation tables for coded data are included.
- Files containing the previous calendar year's data are available each July.
- Average yearly file size for inpatient records is 600,000 and 10,000,000 for outpatient records.
- Zip code is the smallest geographic level released for both inpatient and outpatient data.
- Data format is .csv files.
- Cost of data sets is \$500 for non-profits, and \$1500 for all others.

Data Release Policy:

- Requires a signed data user's agreement.
- Release of public use data sets is governed by 900 KAR 7:040.

Data Publications:

- Data is regularly summarized and published as a part of annual Administrative Claims Data Reports.
- Included in annual reports for programs in the Chronic Disease Prevention and Control Branch, data analysis provided by KIPRC, and in response to data requests from the public.

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